



CITY OF NEW YORK
MANHATTAN COMMUNITY BOARD 10
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CICELY HARRIS
Chairperson

SHATIC MITCHELL
District Manager

Health & Human Services Committee

Monday, March 25th, 2019 6:30PM -8:30PM

Chair, Hazel Dukes

Vice-Chair, Michelle Booker

Minutes

Attendees: Hazel Dukes, Michelle Booker, Karen Dixon, Donna Gill, Cheryl Smith, Deborah Yates

Excused: Christina Curry

Absent: Troy Gethers, Barbara Nelson, Makeda Thompson

Presenters: Hannah Emple, Sharon Marshall, Farahly St. Louis, Kelly Davis representing the NYC Department of Health & Mental Hygiene (NYC-DOHMH)

Presentations

❖ New Initiatives, Severe Maternal Morbidity, Maternal and Infant Mortality

The representatives from the NYC-DOHMH gave a presentation regarding ‘Severe Maternal Morbidity’ (SMM).

Severe Maternal Morbidity are complications that arise from serious childbirth complications. These complications include heavy bleeding, blood clots, serious infections and kidney failure. The data shows that approximately 3,000 women in NYC die or experience near death childbirth complications. African-American women are three times more likely to experience SMM than White women. New York City is striving to eliminating the racial gap in SMM and reducing the overall number of children complications and deaths.

A 2016 Report showed that college-educated African-American women are at a higher risk for SMM than non-educated white women. In the past this issue was analyzed by looking at individual behaviors and not systemic structures. However, the healthcare system does not serve African-American women well. Research of systems is showing the disparity of treatment African-American face while pregnant.

For example: a pregnant patient on Medicaid will arrive at a hospital center at 7AM but may not be seen by a doctor until 11/12noon. This creates discomfort and the patient is also without food for that length of time waiting for residents on the floor. Once the patient sees a resident/doctor its not the same person each time,

so they are required to undergo registration/medical history questions repeatedly. This increases the frustration of the pregnant patient, thus, the many who experience this end up not visiting the doctor for pre-natal upkeep. This lack of medical attention is another factor beyond individual behavior that leads to SMM.

The Black-White Gap is declining but there is still a crisis. The Reproductive Life Cycle (RLC) is observing the life of a girl child to adulthood also being examined. Here are several things that negatively impact the RLC: 1) exposure to violence, 2) lack of proper nutrition, and 3) poor housing conditions (mold, lead, etc.) relate to poor health outcomes which impact Maternal and Infant Mortality. Infant Mortality is the death of a child from time of birth before the child reaches its first birthday.

Another issue is that every hospital does not have standardize 'Quality Improvement' (QI) protocol, which addresses whether there was a system in place for an intervention point when the mother was at crisis with her pregnancy. There needs to be a more complex overview of what is happening during the woman's pregnancy. Additionally, when Medicaid is converted to HMO, the narrative of the woman's experience gets retold. Hospital segregation based on racial/ethnic background and/or type of insurance the patient has further induces traumatic maternal experience due to the lack of cultural competency and compassion for the pregnant patient when they are African American. Due to the reasons stated, the NYC Health Dept. is committed to help decrease the SMM by these New Initiatives:

- ❖ The creation of the Maternity Hospital Quality Improvement Network (MHQIN)
 - Works through out the city to collect information about women's experiences with SMM to improve clinician training and quality of care;
 - Trains providers to deliver respectful care to all NYC women, especially women of color.
 - Respectful means that providers share information with their patients about patient's rights and best practices for before, during and after birth
 - Visit: nyc.gov/health and search for sexual and reproductive justice.
- ❖ Maternal Care Connection
- ❖ Services & Advocacy Step:
 - Looking to provide education and medical assistance to mothers and children in the Foster Care/Shelter system (2,000 persons)
 - Quality of housing in the NYCHA system

- Center for Health Equity
- Connecting with the African Community (cultural habits of baby sleeping in the bed)
- Birth Justice Defenders
- Health Women Healthy Futures
- **Health Action Centers**- the East Harlem Neighborhood location provides Child Birth Education Classes, Cribs, and Free Car Seat Safety
- Northern Manhattan Healthy Start receives Federal \$\$\$, only the Rochester location didn't get funding
- Encourage your local hospital to participate in the MHQIN
- Encourage lawmakers to support the maternal & family health